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PTO/SB/05 (05-03) Approved for use through 10/31/2002, OMB 0651-0032 rademark Office: U.S. DEPARTMENT OF COMMERCE

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| Please type a plus sign (+) inside the second of the Paperwork Reduction Act of 1995, no persons are required to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | respond t                                         | o a collection<br>by Docket N | 90                 | 51-000002                                                     |                                            | <u></u>  |
| UTILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | $\overline{}$                 | Jeff Ow            |                                                               |                                            | <u>_</u> |
| PATENT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | First Ir                                          | ventor                        | Jen Ow             | TENERS TO A                                                   |                                            |          |
| TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Title                                             | STRUCT                        | URE                | ATACTES                                                       |                                            | و في ا   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                          | 15-71-05                      |                    | <u></u>                                                       |                                            |          |
| (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Expre                                             | ess Mail Lab                  | 8) 140.            | EL 623 312 453 US<br>Mail Stop Patent Ap                      | plication                                  | <u></u>  |
| APPLICATION ELEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                 | ADDRE                         |                    | O: Commissioner for P.<br>P.O. Box 1450<br>Alexandria, VA 223 | atents<br>13-1450                          | _        |
| See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | 7. C                          | -ROM               | or CD-R in duplicate, lar                                     | ge table or                                | - 1      |
| Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original and a duplicate for fee processing)     (Submit an original and a duplicate for fee processing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | Co                            | mputer             | Yor Amino Acid Sequen                                         | ce Submission                              | - 1      |
| Applicant claims small entity states.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                               |                    | all necessary)<br>or Readable Form (CRF)                      |                                            | - 1      |
| See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                 |                               |                    |                                                               |                                            | - 1      |
| (preferred arrangement ser forth below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation                                             | i. 🖸                          | CD-RC              | M or CD-H (2 cobies), a                                       |                                            | - 1      |
| operative title of the Invention  - Descriptive title of the Invention  - Cross References to Related Applications  - Cross References to Related Applications  filed in E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | English                                           | الله ا                        | ] paper<br>Stateme | ents verifying identity of a                                  | bove copies                                |          |
| - Statement Regarding red special a table.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                 | 0. [_]                        | ACCO               | MPANYING APPLICAT                                             | IONS FAITT                                 |          |
| or a computer program issuing appro-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - 1                                               | 9. 🛛                          | Assign             | ment Papers (cover she                                        | et & document(s))  Power of                | '        |
| Brief Summary of the Invention     Brief Summary of the Drawings ( if filed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | 10. 🗆                         | 07.0               | R.§3.73(b) Statement there is an assignee)                    | Attorney                                   | - 1      |
| - Detailed Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                               | (wnen              | in Translation Document                                       | (if applicable)                            | 1        |
| Ctaim(s)     Abstract of the Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _ '                                               | 11.                           |                    |                                                               | Copies of II                               | DS       |
| Total Sheets 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ] 1                                               | 12. 🗆                         | Inform             | nation Disclosure<br>ment (IDS)/PTO-1449                      | Citations                                  | 1        |
| 4. Drawing(s) (35 U.S.C.113)  5. Oath or Declaration  [Total Pages 2]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                 | 13. 🗆                         | Drolin             | ninary Amendment                                              |                                            | 1        |
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| for a continuation/ulvisional vital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,,,,,,,                                           | 15.                           | (if fo             | reign prionty is claimed)                                     | 0E 11 S C                                  | 122      |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | 16.                           | Req                | uest and Non Publication<br>(B)(i). Applicant must a          | attach form PTO/S                          | ;B/35    |
| named in the prior application, see s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | 1                             | or its             | equivalent.                                                   |                                            | 1        |
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| Application Data Steet. Good St. St.      Application Data St. Good St. St.      Application Data St. Good St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and sum                                           | ly the requ                   | isite info         | rmation below and in a pr                                     | eliminary amendme                          | ant,     |
| 18. If a CONTINUING APPLICATION, check appropriate box, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and sopp                                          | .,                            |                    | of prior application No: _                                    | /                                          | ١        |
| or in an Application Data Sneet triber of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tion-In-pa                                        | art (CIP)                     |                    | Group / Art Unit:                                             |                                            | nlind    |
| ☐ Continuation ☐ Divisional ☐ Continual  Prior application information: Examiner  For CONTINUATION or DIVISIONAL APPS only: The entire di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | isclosur                                          | e of the pri                  | or applic          | ation, from which an oath                                     | or declaration is a<br>incorporated by ref | terence. |
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| For CONTINUATION or DIVISIONAL APPS only: The entire di under Box 5b, is considered a part of the disclosure of the a Under Box 5b, is considered a part of the disclosure of the a portion had the incorporation can only be relied upon when a portion had the incorporation can only be relied upon when a portion had the incorporation can only be relied upon when a portion had the incorporation can only be relied upon when a portion had the incorporation of the incorporat | RRESP                                             | ONDENCE                       | ADDR               | E33                                                           |                                            |          |
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| ☐ Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>∠!</b><br>•••••••••••••••••••••••••••••••••••• | ے ا رے<br>Attach bar          | code lab           | el here)                                                      |                                            |          |

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| Name     | Harness, Dickey & Pierce,    | P.L.C.      |                      |                                |     |      |                              |
|          | P.O. Box 828                 |             |                      |                                |     |      |                              |
| Address  |                              |             |                      | MI                             | Zip | Code | 48303                        |
| City     | Bloomfield Hills             |             | State                | 248-641-1600                   | 1-7 | Fax  |                              |
|          | 1.1                          | Telephone 4 |                      |                                |     |      |                              |

|          |                                  |                 | Telephone   | 246-041-1000                 |        |                 |
|----------|----------------------------------|-----------------|-------------|------------------------------|--------|-----------------|
| Country  | Country United States of America |                 |             |                              | lanat) | 34,811 / 44,672 |
| _        |                                  | L.M. Deschere / | C.A. Eusebi | Registration No. (Attorney/) | (gent) | 34,0111         |
| Name (P. | rint/Type)                       | 1               | Λ           |                              | Date   | 6 octob         |
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| Under the Paperwork                                                                                                                                                                         | Heauction Aut of 1995,    | no persons are required to respen |                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                            |  |  |  |
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| FEE                                                                                                                                                                                         | MITTAL                    | Applica                           | tion Nun                    | ber                | Unknov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | wn          |                                                            |  |  |  |
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|                                                                                                                                                                                             | .004                      | First Na                          | med Inv                     | rentor             | Jeff Ov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | wel         |                                                            |  |  |  |
| Pat                                                                                                                                                                                         | ent fees are subject to a | nnual revision.                   | Examir                      | ner Name           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unkno       | wn                                                         |  |  |  |
| - Annihoont o                                                                                                                                                                               | status. See 37 CFR 1.27   | Group                             | / Art Uni                   | t                  | Unkno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | wn          |                                                            |  |  |  |
|                                                                                                                                                                                             | Attorne                   | y Docke                           | t No.                       | 9051-0             | 000002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                            |  |  |  |
| TOTAL AMOUN                                                                                                                                                                                 | T OF PAYMENT              | (\$) 810                          | Allottic                    | y Dounc            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _           |                                                            |  |  |  |
| METH                                                                                                                                                                                        | OD OF PAYMENT (che        | eck all that apply)               | FEE CALCULATION (continued) |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                            |  |  |  |
|                                                                                                                                                                                             |                           |                                   |                             | 3. ADDITIONAL FEES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                            |  |  |  |
| ☑ Check ☐ Cre                                                                                                                                                                               | edit card  Money          | Other None                        | Large Entity Small Entity   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                            |  |  |  |
| Deposit Accoun                                                                                                                                                                              |                           |                                   | Fee                         | Fee                | Fee<br>Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fee<br>(\$) | Fee Description Fee Pald                                   |  |  |  |
| Deposit                                                                                                                                                                                     |                           |                                   | Code<br>1051                | (\$)<br>130        | 2051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 65          | Surcharge - late filing fee or oath                        |  |  |  |
| Account<br>Number                                                                                                                                                                           | Account 08-0750           |                                   |                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 25          | Surcharge - late provisional filing fee<br>or cover sheet. |  |  |  |
| Ivalinoe.                                                                                                                                                                                   |                           |                                   | 1053                        | 130                | 1053                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 130         | Non-English specification                                  |  |  |  |
| Deposit                                                                                                                                                                                     | Harness, Dickey & Piero   | a PLC                             | 1812                        | 2,520              | 1812                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,520       | For filing e request for reexamination                     |  |  |  |
| Account<br>Name                                                                                                                                                                             |                           |                                   | 1804                        | 920°               | 1804                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 920*        | Requesting publication of SIR prior to<br>Examiner action  |  |  |  |
| The Commissioner is authorized to: (check all that apply)  ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application |                           |                                   |                             | 1,840*             | 1805                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1,840*      | Requesting publication of SIR efter<br>Examiner action     |  |  |  |
|                                                                                                                                                                                             | 1251                      | 110                               | 2251                        | 55                 | Extension for reply within first month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                            |  |  |  |
| Charge fee(s) in                                                                                                                                                                            | 1252                      | 420                               | 2252                        | 210                | Extension for reply within second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                            |  |  |  |
| to the above identi                                                                                                                                                                         | ١                         | 950                               | 2253                        | 475                | month Extension for reply within third month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                            |  |  |  |
|                                                                                                                                                                                             | 1253                      | 950                               | 2200                        | 4/5                | Existing the state of the state |             |                                                            |  |  |  |

| Deposit   Hamess, Dickey & Pierce, P.L.C.   1053   130   1053   130   1053   130   1053   130   1053   130   1053   130   1053   130   1053   130   1053   130   1053   130   1053   130   1053   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   130   13 | Number                                   | "         | 0.00      |            |                    |                  | ]              | 1052  | 50         | 2002       | 20        | or cover sheet.                                                     |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------|-----------|------------|--------------------|------------------|----------------|-------|------------|------------|-----------|---------------------------------------------------------------------|---------|
| Deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Maniper                                  |           |           |            |                    |                  | 1              | 1053  | 130        | 1053       | 130       | Non-English specification                                           |         |
| Account   Plantest, Useful & Free   Park                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |           |           | 0/-        | BI C               |                  | 1              |       |            | 1812       | 2,520     | For filing e request for reexamination                              |         |
| Charge selecis) indicated betwoyn 2D Credit and over one public and control of the filling fee   1251   110   2231   5   Examiner action or proby within first month   1251   110   2231   5   Extension for reply within first month   1252   2252   210   2252   210   Extension for reply within first month   1253   110   2231   5   Extension for reply within first month   1253   110   2254   7   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   1   2054   2   2054   2   2055   2   2055   2   2055   2   2055   2   2055   2   2   2   2   2   2   2   2   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                     |           |           |            |                    |                  |                |       |            | 1804       | 920*      | Requesting publication of SIR prior to<br>Examiner action           |         |
| Charge sets) indicated betwee, sexpect for the filling see   1251   10   225   15   225   15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |           |           |            |                    |                  |                | 1805  | 1,840      | 1805       | 1,840*    | Examiner action                                                     |         |
| Charge eleck) indicated openit account in the above-inclinated openit in the above-incli |                                          |           |           |            |                    |                  | JII            | 1261  | 110        | 2251       | 55        | Extension for reply within first month                              |         |
| BASIC FILING FEE   153 9 93   223 4 78   224 78   224 78   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   225   | to the above-identified deposit account. |           |           |            |                    |                  |                |       |            |            | 210       | month                                                               |         |
| SASIC FUNK FEE   Sample String                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |           | FEE       | CALCU      | LATION             |                  |                | 1252  | 950        | 2253       | 475       | Extension for reply within third month                              |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . BASIC                                  | FILING    | FEE       |            |                    |                  |                |       |            |            | 740       | Extension for reply within fourth                                   | . !     |
| See   Fee   Fee  |                                          |           |           |            |                    |                  |                | 12.54 | 1,100      |            |           |                                                                     |         |
| October   Octo |                                          |           | Fee       | Fee [      | escription         | Con Dale         |                | 1255  | 2,010      | 2255       | 1,005     |                                                                     |         |
| 1402   330   2402   170   2401   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   1402   14 |                                          | Code      |           |            |                    |                  | <u>-</u>       | 1401  | 330        | 2401       | 165       |                                                                     | _       |
| Patrion to Inditate a public use   Patrion to Ind | 1001 770                                 | 2001      | 385       |            |                    | 770              | -              | 1402  | 330        | 2402       | 165       |                                                                     |         |
| 2006   770   2004   205   80   Provisional filling fee   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   1451   1.10   | 1002 340                                 | 2002      | 170       |            |                    |                  | $\dashv$       | 1403  | 290        | 2403       | 145       |                                                                     |         |
| Substitution   Subs |                                          |           |           |            |                    |                  | Ⅎ              | 1451  | 1,510      | 1451       | 1,510     | proceeding                                                          |         |
| Subtotal (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |           | 5 80      | Prov       | sional filling fee |                  |                | 1452  | 110        | 2452       | 55        |                                                                     |         |
| Substitution   Subs | 1005                                     | 1         |           |            |                    |                  | _              |       | 1.330      | 2453       | 665       | Petition to revive - unintentional                                  |         |
| 2   EXTRA CLAIM FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |           | SUBTO     | TAL (1)    |                    | (\$) 770         |                |       | 1.330      | 2501       | 665       | Utility issue fee (or reissue)                                      |         |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |           |           |            |                    |                  |                | 1502  | 480        | 2502       | 240       | Design issue fee                                                    | <u></u> |
| Substitution   Subs | 2. EXTRA C                               | LAIM      | EES       | Ev         | ra Fee fo          | om Fee           | •              |       | 640        | 2503       | 320       |                                                                     |         |
| Table   Claims   20   20   20   20   20   20   20   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |           |           | Cla        |                    |                  | <u>d_</u>      | 1460  | 130        | 1460       | 130       |                                                                     |         |
| 1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   180   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806   1806 | otal Claims                              | 20        | -20 **    | = 0        | x                  |                  | =              | 1807  | 50         | 1807       | 50        | Processing fee under 37 CFR 1.17 (q)                                |         |
| September   Sept | ndependent<br>Claims                     | 2         | -3 **     | = 0        | x                  | = 0              |                | 1806  | 180        | 1806       | 180       | Stmt                                                                |         |
| Fee   Fee   Fee   Fee   Fee   Code   (8)   | Multiple<br>Dependent                    |           | _         |            | x                  | · 0              |                | 8021  | 40         | 8021       | 40        | per property (times number of<br>properties)                        |         |
| 2012   9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fee                                      | Fee       | Fee       | Fee        | Fee Description    | 1                |                | 1809  | 770        | 2809       | 385       | (37 CFR § 1.129(a))                                                 | `       |
| 1201   86   2201   43   Independent claims in excess of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |           | 2202      | 9          | Claims in exces    | s of 20          | -40            | 1810  | 770        | 2810       | 385       | For each additional invention to be<br>examined (37 CFR § 1.129(b)) |         |
| 1203   2209   2203   145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1201                                     | 86        |           |            | Independent cla    | ims in excess    | UI 3<br>4 mold |       |            | 1          | . 205     | Remiset for Continued Examination (RCE                              | , [     |
| 1204   96   2204   49   oniginal patent   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802   1802    | 1203                                     | 290       | 2203      | 145        | Multiple depend    | ent claim, if no | r paid         | 1801  | 770        |            |           | •                                                                   | ·       |
| 1205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1204                                     | 86        | 2204      | 43         | original patent    |                  |                |       | 900        | 180        | 2 900     | Request for expedited examination<br>of a design application        |         |
| *Reduced by Basic Filling Fee Peid SUBTOTAL (3) (5) 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1205                                     | 18        | 2205      | 9          | over original pa   | tent             |                |       | er fee (sp | ecify)     | _         |                                                                     |         |
| or number previousty paid, if greater; For Reissues, see above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |           |           |            | · · · · ·          |                  |                | ·Re   | educed by  | / Basic Fi | iling Fee | Peid SUBTOTAL (3) (5) 4                                             | 0       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | **or numb                                | ser previ | ousty pai | d, if grea | ter; For Reissue   | es, see above    |                | 丄     |            |            |           |                                                                     |         |

|                             |                                             |                                  |                  | Con       | rolete (if applicable) |
|-----------------------------|---------------------------------------------|----------------------------------|------------------|-----------|------------------------|
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